

ISSUE SLIP STATUS AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
BEST	h	618	10/15/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	u	1019	11/15/01
RESPONSE FORMALITY REVIEW	r		03-25-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	10/15/01
2	10/15/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)

8658-3583
03/25/02

11/16/01